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Need for Sustained HIV Prevention for Gay and Bisexual Men:

HIV Infections Continue at High Levels Among Men of All Races with Dramatic Impact Among Men of Color

Although gay men have made significant strides in reducing high-risk behavior and HIV infection rates in some communities, researchers estimate that men who have sex with men (MSM) still account for 40% of the overall 40,000 new HIV infections in the U.S. each year, and for 60% of all new HIV infections among men. Additionally, an increasingly diverse population of gay and bisexual men is impacted. The epidemic, which began primarily among white gay men, is now dramatically affecting gay and bisexual men of all races.

There are currently an estimated 325,000-475,000 gay and bisexual men living with HIV in the U.S. As of December 1998, 135,000 of these were living with AIDS. An estimated 356,000 AIDS cases have been diagnosed among MSM since the beginning of the epidemic through June 1999, and nearly 221,000 have died. [1]

Due to the introduction of highly active antiretroviral therapies (HAART), AIDS incidence and deaths have been declining among all risk groups, including gay and bisexual men, since 1996. Declines in disease and death are encouraging for those already living with HIV and AIDS, but have not been accompanied by recent declines in HIV infection of the same magnitude. As new infections continue to occur, and more infected people are living longer, healthier, and sexually active lives, the total number of HIV-infected individuals (HIV prevalence) continues to grow. The result: a greater need for HIV prevention and treatment services than ever before.

Latest Data on Disease and Death

AIDS incidence reported among MSM declined 22% from 1996 to 1997 (from 26,068 cases to 20,464 cases). This decline slowed to an 12% decline from 1997 to 1998

[1] These figures include gay and bisexual men who were most likely infected with HIV through sex with another man. The figures do not include gay and bisexual men who also inject drugs, because it is not possible to determine the specific route of HIV transmission for these individuals.

(from 20,464 cases to 18,153 cases). HIV-related deaths among MSM declined 49% from 1996 to 1997 (from 16,436 deaths to 8,401 deaths), and also slowed with a 23% decline from 1997 to 1998 (from 8,401 deaths to 6,467 deaths). The slowing in the decline of AIDS incidence and deaths can most likely be attributed to a combination of factors, including: having already reached most individuals who know they are infected with HIV and are susceptible to treatment, in addition to treatment failure caused by difficulty with adherence to drug regimens.

MSM of Color Surpass White MSM in AIDS Incidence: May be Infected at Earlier Ages

In the January 14, 2000, issue of the *Morbidity and Mortality Weekly Report*, CDC reported that the number of annual AIDS cases among MSM of color[2] has surpassed the number among white MSM. Of MSM reported with AIDS in 1989 (24,444), men of color represented only 31%. By 1998, men of color accounted for 52% of the 18,153 cases of AIDS reported among MSM. While declining from 69% of cases in 1989, white men continued to represent 48% of AIDS cases among MSM in 1998.

Percentages of Annual AIDS Cases Among MSM by Race/Ethnicity, 1989 and 1998

Race/Ethnicity	1989	1998
White	69%	48%
Black	19%	33%
Hispanic	12%	18%
Asian Pacific Islander	1%	1%
American Indian/Alaska Native	<1%	<1%

Because AIDS cases alone are no longer indicative of new HIV infections, CDC also examined data collected from 1996-1998 in the 25 states that reported HIV diagnoses in addition to diagnoses of full blown AIDS during that period. Data on HIV diagnoses among men in the youngest age group (13-24) provide the best indication of recent trends in infection in these states. Among MSM initially diagnosed with HIV during this period, 16% of African Americans and 13% of Latinos were age 13-24, compared with 9% of white men. While the total number of cases was much smaller in other

[2] MSM of color is defined as non-Hispanic black, Hispanic, American Indian/Alaska Native, and Asian Pacific Islander men ≥13 years of age who have sex with men.

racial/ethnic groups, a similar trend was identified among Asian Pacific Islanders and American Indians/Alaska Natives, with 15% of HIV diagnoses among MSM in both groups occurring among 13- to 24-year-olds. These data suggest that in these states, MSM of color are becoming infected with HIV at younger ages and must be reached early with prevention efforts. Although data are not national, they can point to possible trends elsewhere.

Other Studies Confirm Dramatic and Continued Impact Among Gay Men

Abundant evidence points to the need for sustained prevention efforts for gay men of all races, especially young men of color. Several recent studies have pointed to high levels of risk behavior, HIV infection, and other STDs. STDs are markers of high-risk sexual behavior and may be early warning signs of a possible increase in new HIV infections among MSM. Additionally, an individual is five times more likely to acquire HIV from an infected partner if an STD infection is present in either one of them.

- In a six-city study of HIV incidence among over 96,000 clients of STD clinics between 1991 and 1997, researchers found that approximately 8% of gay and bisexual men were infected per year – a level 17 times higher than that found among heterosexuals seen in the same clinics. The study found the highest level of new infections among African Americans (11% per year), when compared to Hispanics (7.7%) and whites (6.5%).

- A seven-city survey of 15- to 22-year-old MSM sampled at public venues showed alarming levels of HIV infection among young gay men. The Young Men's Survey found that an average of 7% of young men in the study were infected with HIV (HIV prevalence), with 3% becoming newly infected each year (HIV incidence). Both HIV prevalence and incidence were highest among young African-American men (14% prevalence, 4% incidence), young men of mixed race (13% prevalence, 5% incidence), and young Hispanic men (7% prevalence, 3% incidence). HIV incidence increased with age, rising from 2% among adolescent men becoming infected annually, to 4% among young men in their twenties. Additionally, 41% of young gay men in the study had engaged in unprotected anal intercourse in the past six months.

- One 28-city study, the Gonococcal Isolate Surveillance Project, reported that from 1994 to 1998, the proportion of gonorrhea cases among MSM doubled from 6% to 12%.

- Researchers from Seattle-King County reported marked increases in both gonorrhea and syphilis cases among MSM. Most notably, while the county had no cases of early syphilis in 1996, 88 cases were reported between 1998 and the first half of 1999, 85% of which were in gay men. These men reported having multiple partners and frequently engaging in unprotected anal intercourse.

- In Portland, Ore., gonorrhea among MSM increased 45% between 1994 and 1996. Fifty-four percent of MSM diagnosed with gonorrhea were also infected with HIV.

- An STD clinic in the District of Columbia serving a large number of gay and bisexual men reported that gonorrhea cases increased 93% from 1993 to 1996, with 82% of these cases among MSM.

- In San Francisco, the incidence of rectal gonorrhea in males increased from 21 cases per 100,000 adult men in 1994 to 38 cases per 100,000 in 1997. San Francisco also experienced an outbreak of syphilis among MSM in the summer of 1999. This outbreak, which was subsequently linked to contacts made in an Internet chat room, has involved seven people to date, five of whom are HIV-positive. Together, these seven people reported having a total of 99 sex partners in the three-month period prior to the interview.

Optimism Contributing to Complacency About HIV Prevention

These data suggest there may be a resurgence of unsafe sex among gay and bisexual men in the U.S. The impact of treatment advances on the attitudes and sexual practices of gay and bisexual men is one factor that may be contributing to this increase. A 1999 study of 416 gay men from West Hollywood, Ca., found that the more optimistic men were about the new treatments, the less likely they were to use condoms during anal sex, abstain from anal sex, or limit their number of sex partners.

In this study, HIV-positive men who were optimistic about the ability of AIDS treatments to prevent the transmission of HIV and improve the quality of life only used condoms 66% of the time, compared to 80% of the time for HIV-positive respondents who were not optimistic about new treatments. Among HIV-negative respondents, the optimists used condoms 74% of the time, versus 85% of the time for those who were less optimistic.

This and other studies indicate that high-risk populations may be becoming complacent about the need for HIV prevention and lulled into a false sense of security by the availability of powerful new AIDS treatments. HIV prevention programs must be designed to reach both HIV-infected and uninfected individuals with the information, skills, and support needed to overcome complacency and maintain safer sex behaviors.

Need to Expand Access to Effective Prevention Programs

Throughout the past two decades, a great deal has been learned about how to effectively change sexual- and drug-related behaviors and reduce the risk of HIV infection among gay and bisexual men. However, not all groups of gay men have been

effectively reached, and a great deal remains to be done. It is critical that HIV prevention efforts are sustained among white gay and bisexual men so that progress to date is not lost. Additionally, it is also imperative that we work to expand these efforts to gay and bisexual men of color and to young men at risk, reaching them with prevention programs proven to work.

Many lessons have been learned about how to effectively reach gay men. A few examples are provided below. CDC will continue to work with communities to help apply this knowledge more widely and to develop other effective approaches to prevention for all populations at risk, as well as for HIV-infected individuals.

- ***Peer opinion leaders play a critical role:*** One program known as "Popular Opinion Leader" enlisted bartenders from popular gay clubs in three cities to identify peer leaders who would then be trained to promote reduction in risky behavior in the community. These "opinion leaders" then engaged in discussions with peers in the bars about HIV risk reduction. Surveys of nearly 1,300 gay men in cities with and without the "Popular Opinion Leader" program found that men in the intervention communities were 34% less likely to have unprotected sex compared to men from other control communities, three to six months after the intervention.

- ***Innovative approaches required to reach men who don't identify as gay or bisexual:*** Another program, called the B-Boy Blues Festival, recognizes that a significant portion of African-American men who have sex with men may not self-identify as gay or bisexual, thus HIV prevention information is provided in a more acceptable setting. The festival, held in St. Louis, Mo., does not advertise or identify as an HIV/AIDS event and includes entertainment and cultural programs that accompany HIV workshops, HIV counseling and testing, and distribution of condoms and HIV prevention literature. Surveys disseminated at the festival in 1996, 1997, and 1998 have shown significant improvements in attitudes about and knowledge of HIV and AIDS by attendants, illustrating that outreach activities not promoted as HIV/AIDS programs are useful in serving these usually hard-to-reach men.

- ***Programs must address unique needs of HIV-infected:*** As the population of HIV-infected gay and bisexual men continues to grow, prevention services must be designed to assist these men in establishing and maintaining safer behaviors over a lifetime. Previous research indicates that the majority of people diagnosed with HIV do take steps to modify behavior. However, sustained efforts are required, and complex factors must be addressed. For example, HIV-infected men may require assistance in determining how to communicate their infection status to partners. Additionally, research has shown that some men make false assumptions about the HIV status of their partners, assuming that partners who do not insist on a condom must not be infected, or believing that they have communicated their status by leaving their HIV medications in visible locations. Programs must be designed to address these and other factors influencing behavior and must ensure that messages are reinforced and adapted as needed over time.

CDC has researched community-based initiatives nationwide that have proven to successfully reduce high-risk sexual behaviors and drug use among people who are at greatest risk of infection and has released a new report summarizing the results. For examples of effective prevention interventions for MSM, go to www.cdc.gov/nchstp/hiv_aids/dhap.htm, or call the CDC National Prevention Information Network at 1-800-458-5231.

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